

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ181485**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) THEDFORD, CHRISTOPH A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 14940	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 5515 N NEENAH AVE	
DATE OF APPOINTMENT 06-FEB-1995	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT 153	BEAT/CALL NO. 4609	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 1613
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 10-MAR-2016
HEIGHT 511	WEIGHT 160	TIME 05:45:00	DAY OF WEEK THURSDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input checked="" type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER</div><div style="width: 45%;">WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____</div></div>		NO. OF OFFICERS BATTERED <u>1</u>	
		WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____	
TYPE OF ACTIVITY <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER</div><div style="width: 45%;"></div></div>		MANNER OF ATTACK <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</div><div style="width: 45%;"></div></div>	
TYPE OF INJURY TO OFFICER <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE</div><div style="width: 45%;"></div></div>		OFFENDER INFORMATION <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F</div><div style="width: 45%;">RACE [REDACTED]</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">DOB [REDACTED]</div><div style="width: 45%;">CB NO. [REDACTED]</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">IR NO. [REDACTED]</div><div style="width: 45%;"></div></div>	
LIGHTING CONDITIONS AT INCIDENT <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> C. DAWN</div><div style="width: 45%;"><input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD</div><div style="width: 45%;"></div></div></div></div>		WEATHER CONDITIONS <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW</div><div style="width: 45%;"><input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND <input type="checkbox"/> G. OTHER</div></div> APPROXIMATE OUTDOOR TEMPERATURE: 48°F	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
THEDFORD, CHRISTOPH A

STAR NO.
14940

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
STAPLES, MELISSA A 419